

ELECTRICAL TRAINEE - Log of Training Hours

Trainee Name: _____ **Certificate Number:** _____

Electrical Training Hours Earned For The Month of: _____ **Year:** _____

[illegible]

TYPE OF WORK CATEGORIES:

- 01** Commercial / Industrial
02 Residential Specialty

- 03** Pump And Irrigation Specialty
03A Domestic Well Pump Technician
04 Signs And Outline Lighting Specialty

- 05 Domestic Appliance Specialty
06 Limited Energy Systems Specialty
06A HVAC/Refrigeration Technician

- 07** Nonresidential Maintenance Specialty
07A Nonresidential Lighting Maintenance and Retrofit Technician